

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040543 (9)

1. Corporation Name

SANIBEL ISLAND JEWELERS, INC.

Principal Place of Business

**2282 FIRST STREET
FT. MYERS FL 33901**

Mailing Address

**2282 FIRST STREET
FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		06/08/1993	08/30/1994
22 State App # etc		27 State App # etc		4. FEI Number	Applied For
23 City & State		28 City & State		65-0449524	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARL H. WINSLOW, JR. ESQ.
2125 FIRST STREET
STE. 100
FT. MYERS FL 33901**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 220.01 and 220.02 Florida Statutes, this duly organized corporation submits this statement for the purpose of changing its registered office of incorporation to the name of the State of Florida from its original office in the State of Florida. The corporation is not subject to the provisions of the Florida Statutes relating to the appointment of a registered agent. I am familiar with and accept the applicability of sections of the Florida Statutes.

SIGNATURE

Signature of Officer, Director, or Agent

Signature of Officer, Director, or Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	PSTD LAGITTA, BARBARA	NAME	PSTD LAGITTA, BARBARA
STREET ADDRESS	1404 SW 48TH TERRACE	STREET ADDRESS	Box 915
CITY	CORAL CORAL FL 33914	CITY	Coral Gables FL 33134
STATE		STATE	
ZIP		ZIP	
OFFICE ADDRESS		OFFICE ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, true and correct, and that I am duly qualified to sign this statement. I further certify that the information is true and correct, and that my signature shall have the same legal effect as if made under oath. This statement is made for the purpose of the corporation or its officers or directors to comply with the requirements of the Florida Statutes, and that my name appears on the list of officers or directors of the corporation.

SIGNATURE: Barbara LaGatta Barbara LaGatta May 16, 1995 813 337 2224